



P.O. Box 413 ~ Oklahoma City, OK 73101
405-232-6441 / 800-888-TCPI(8274)

CREDIT APPLICATION

Company Name _____

Street Address _____ P.O Box _____

City _____ County _____ State _____ Zip _____

Phone _____ Length of Ownership _____

Amount of Monthly Credit Needed _____

Type of Business: () Corporation () Partnership () Individual

If partnership, name partners. If corporation, list officers. If individual ownership, include spouse's full name:

NAME	ADDRESS	TITLE

Company Bank _____ Address _____

Phone _____ Officer _____

Tax Number _____

TRADE REFERENCES Lab Name / Address _____

City / State / Zip _____

Phone _____ Account No. _____

TRADE REFERENCES Lab Name / Address _____

City / State / Zip _____

Phone _____ Account No. _____

CREDIT REFERENCES Name / Address _____

City / State / Zip _____

Phone _____ Account No. _____

CREDIT REFERENCES Name / Address _____

City / State / Zip _____

Phone _____ Account No. _____

I/We agree to notify you immediately of any change in the business or ownership that would affect our relationship. If granted credit by you I agree to pay all invoices according to your terms. I also authorize the references listed above to furnish you with information that would reflect my credit worthiness.

Signature _____ Date _____, 20____

Name (please print) _____ Title _____